



C&RCFD 013 Rev. 07/04

CHILD & RESIDENTIAL CARE  
FACILITIES DIVISION

PHONE: (202) 442-5929  
FAX: (202) 442-9430

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH CARE REGULATION AND LICENSING ADMINISTRATION



MAILING ADDRESS:

825 North Capitol Street, NE  
2<sup>nd</sup> Floor  
Washington, DC 20002

\_\_\_\_\_  
Date

**NOTIFICATION AND APPLICATION FOR RENEWAL OF LICENSE**

TO \_\_\_\_\_  
Name of Child Development Home or Center

Your current license to provide childcare expires on \_\_\_\_\_.

According to **29 DCMR, Public Welfare, Chapter 3**, Child Development Facilities, the Department of Health can issue a license to establish or maintain a child development facility for the care of a child or children under 15 years of age for a period not in excess of one year. The license may be renewed for a period not to exceed one year.

If you wish to renew your child development facility license, please complete the renewal application form and return with the applicable license fee (for Child Development Center Only) to this office no later than 90 days prior to the license's expiration date, \_\_\_\_\_. **A Child Development Center will be assessed a late fee if the renewal application is not returned to the Child & Residential Care Facilities Division by the indicated date.** Additionally, please complete and return the Certification for "Clean Hands Before Receiving a License or Permit Act of 1996" with the license renewal application form.

**You must sign and date the license application.** The applicant's signature shall be: In the case of an individual, that of the individual; in the case of a partnership, that of all partners; and in the case of a corporation, that of two (2) of the officers of the corporation, one (1) of whom shall be the president (29 DCMR 302.4).

Centers that are incorporated must submit an original Letter of Good Standing prior to receipt of the license. You can obtain the Letter of Good Standing from the Department of Consumer and Regulatory Affairs, Business Regulation Administration, Corporation Division, at 941 North Capitol Street, NE, First Floor. Please note that the Letter of Good Standing is only valid for thirty (30) days from the date of issuance.

**You must sign your license renewal application form and include the appropriate license fee (Child Development Center only), or it will be returned to you without action.**

\_\_\_\_\_  
Valerie A. Ware  
Program Manager

**PLEASE RETAIN A COPY FOR YOUR RECORDS**

Name of Facility: \_\_\_\_\_

I/We, the undersigned, hereby apply for a child development facility renewal license to care for

\_\_\_\_\_ children between the ages of \_\_\_\_\_ and \_\_\_\_\_.

The hours of operation for this facility are from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM.

**(Please attach a calendar indicating your scheduled dates of closure)**

CHANGES IN OPERATION:

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Address of Facility

Zip Code

Mailing Address of Facility  
(if different from location of Facility)

Zip Code

Facility Telephone Number

Fax Number

Facility Email Address

I/We affirm that all statements contained herein are true.

Name of Applicant

Signature of Applicant

Date

Name of Applicant

Signature of Applicant

Date

Name of Applicant

Signature of Applicant

Date

**RETURN ALL APPLICATION PAGES WITH A CLEAN HAND ACT CERTIFICATION TO:**  
**Department of Health, Health Care Regulation and Licensing Administration, Child & Residential Care**  
**Facilities Division, 825 North Capitol Street, NE, 2<sup>nd</sup> Floor, Washington, DC 20002 Phone: (202) 442-5929**

**ATTENTION:** \_\_\_\_\_, Licensing Specialist

**YOU CAN MAKE A DIFFERENCE! Report violations of fraud, waste, abuse and mismanagement in DC Government to the Office of the Inspector General (OIG) by FAXING the OIG at (202) 727-9846 or calling the OIG HOTLINE at (202) 727-0267. All calls are CONFIDENTIAL.**

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